

**Wisconsin Department of Revenue 2-D Barcode File Layout  
2005 Schedule H-EZ**

Code Field	Form Line #	Description	Picture Clause	Max size	Acceptable Values	Notes
***Header Information***						
1	Header	Version Number	PIC X	2	T1	Current FTA Standard Version
2	Header	Developer code	PIC 9	4		Your Assigned FTA code
3	Header	Jurisdiction	PIC X	2	WI	State of Wisconsin
4	Header	Form Type	PIC X	3	HEZ	Wisconsin Schedule H-EZ
5	Header	Current year	PIC 9	2	05	2005
6	Header	Software version	PIC 9	2	00	If revised, change to 01 & must be approved
*** 2005 WI Schedule HEZ page 1)***						
7	Amended	Amended Return-check box	PIC 9	1	1 or 3	1 if checked or 3 if blank
8	SS#	Claimant's Social Security Number	PIC 9	9		
9	SS#	Spouse's Social Security Number	PIC 9	9		
10	Name	Your Legal Last Name	PIC X	16		
11	Name	Legal First Name & Middle Initial	PIC X	11		
12	Name	If a Joint Return, Spouses Legal Last Name	PIC X	16		
13	Name	Spouse's Legal First Name and Middle Initial	PIC X	11		
14	Address	Home Address (number and street)	PIC X	30		
15	City	City or Post Office	PIC X	24		
16	State	State	PIC X	2		
17	Zip Code	Zip Code	PIC 9	5		5 digit zip code only
18	Tax District	City check box	PIC X	1	C or blank	
19	Tax District	Village check box	PIC X	1	V or blank	
20	Tax District	Town check box	PIC X	1	T or blank	
21	Tax District	Fill in Name	PIC X	24		
22	Tax District	County of	PIC X	12		
23	1a	Fill in age	PIC 9	3		
24	1b	If Your Spouse was age 65 or over....check box	PIC 9	1	1 or 3	1 checked or 3 if blank
25	6a	Non Taxable Household Income-Unemployment Compensation	PIC 9	5		Can't be a negative number
26	6b	Non Taxable Household Income-Social Security, Fed & State SSI...	PIC 9	5		Can't be a negative number
27	7b	Number of Qualifying Dependents	PIC 9	2		
28	7c	Household Income-Subtract Line 7b from Line 7a	PIC 9	7		Can't be a negative number
29	8	Homeowners-Net 2005 Property Taxes on your Homestead	PIC 9	7		Can't be a negative number
30	9a	Rent Paid-Heat Included	PIC 9	7		Can't be a negative number
31	9b	Rent Paid-Heat Included x .20 =	PIC 9	7		Can't be a negative number
32	9c	Rent Paid-Heat Not Included	PIC 9	7		Can't be a negative number
33	9d	Rent paid-Heat Not Included x .25 =	PIC 9	7		Can't be a negative number
34	14	Homestead Credit	PIC 9	7		Can't be a negative number
35		END OF DATA	PIC X		*EOD*<CR>	

Check box if an amended return ☒ 7

Place label here or print

Claimant's social security number 1 8		Spouse's social security number 9	
Your legal last name 10		Legal first name and middle initial 11	
If a joint return, spouse's legal last name 12		Spouse's legal first name and middle initial 13	
Home address (number and street) 14			
City or post office 15		State 16	Zip code 17
Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005. Fill in name <input checked="" type="checkbox"/> 18 City <input checked="" type="checkbox"/> 19 Village <input checked="" type="checkbox"/> 20 Town 21		County of <input checked="" type="checkbox"/> 22	
Daytime telephone number ( )			

- 1 a What was your age as of December 31, 2005? (If you were under 18, you do not qualify for homestead credit for 2005.) ☒ 1 a Fill in age ☒ 23
- b If you are married and your spouse was age 65 or over as of December 31, 2005, check box 1b ☒ 1 b Check here ☒ 24
- 2 Were you a legal resident of Wisconsin from 1-1-05 through 12-31-05? (If "No," you do not qualify.) ☐ 2 Yes ☐ No
- 3 Were you claimed or will you be claimed as a dependent on someone else's 2005 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2005, you do not qualify.) ☐ 3 Yes ☐ No

## Household Income

- 4 Wisconsin income from line 12 of Form 1A or line 13 of Form 1 (see instructions) ☒ 4 .00
- 5 If **not filing** a 2005 Wisconsin return, fill in Wisconsin **taxable** income below.
- a Wages ☒ .00 + Interest ☒ .00 + Dividends ☒ .00 = ☒ 5 a .00
- b Other taxable income (list type and amount) ☒ 5 b .00
- 6 **Nontaxable income not included on line 4 or 5.**
- a Unemployment compensation ☒ 6 a ☒ 25 .00
- b Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments ☒ 6 b ☒ 26 .00
- c Railroad retirement benefits ☒ 6 c .00
- d Pensions, annuities, and other retirement plan distributions ☒ 6 d .00
- e Contributions to deferred compensation plans (see box 12 of wage statements) ☒ 6 e .00
- f Contributions to IRA and SIMPLE plans ☒ 6 f .00
- g Interest on United States bonds and notes and state and municipal bonds ☒ 6 g .00
- h Child support, maintenance payments, and other support money (court ordered) ☒ 6 h .00
- i Wisconsin Works (W2) payments, county relief, kinship care, and other cash public assistance ☒ 6 i .00
- 7 a Add lines 4 through 6i ☒ 7 a .00
- b Fill in number of qualifying dependents (do not count yourself or your spouse) ☒ 27 x \$250 = ☒ 7 b .00
- c Household income. Subtract line 7b from line 7a (if \$24,500 or more, no credit is allowed). ☒ 7 c ☒ 28 .00

## Taxes and/or Rent

Before completing this section, see instructions for STEP 4.

- 8 Homeowners – Net **2005** property taxes on your homestead, whether paid or not ☒ 8 ☒ 29 .00
- 9 Renters – **Rent** from your rent certificate(s), line 13a (or Shared Living Expenses Schedule).
- Heat included (13b of rent certificate is "Yes") ☒ 9 a ☒ 30 .00 x .20 (20%) = ☒ 9 b ☒ 31 .00
- Heat not included (13b of rent certificate is "No") ☒ 9 c ☒ 32 .00 x .25 (25%) = ☒ 9 d ☒ 33 .00
- 10 Add lines 8, 9b, and 9d (or enter amount from line 6 of Taxes/Rent Reduction Schedule) ☒ 10 .00

## Credit Computation

- 11 Fill in the **smaller** of the amount on line 10 or \$1,450 ☒ 11 .00
- 12 Using the amount on line 7c, fill in the appropriate amount from **Table A** (page 13) ☒ 12 .00
- 13 Subtract line 12 from line 11 (if line 12 is more than line 11, fill in 0; no credit is allowable) ☒ 13 .00
- 14 Homestead credit – Using the amount on line 13, fill in the credit from **Table B** (page 14) ☒ 14 ☒ 34 .00

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign Here ☒

Claimant's signature, date

Spouse's signature

I-015

Mail to:

Wisconsin Department of Revenue  
PO Box 34  
Madison, WI 53786-0001



For Department Use Only

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	05						

Check box if an amended return ☐

Place label here or print

Claimant's social security number <b>998 44 6767</b>		Spouse's social security number 	
Your legal last name <b>SCHROEDER</b>		Legal first name and middle initial <b>JOAN ANN</b>	
If a joint return, spouse's legal last name 		Spouse's legal first name and middle initial 	
Home address (number and street) <b>3915 GRANDVIEW BLVD</b>			
City or post office <b>MADISON</b>		State <b>WI</b>	Zip code <b>53713</b>
Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005. Fill in name <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <b>MADISON</b>		County of <b>DANE</b>	
Daytime telephone number ( )			

- 1 a What was your age as of December 31, 2005? (If you were under 18, you do not qualify for homestead credit for 2005.) **1 a** Fill in age **79**
- b If you are married and your spouse was age 65 or over as of December 31, 2005, check box 1b **1 b** Check here ☐
- 2 Were you a legal resident of Wisconsin from 1-1-05 through 12-31-05? (If "No," you do not qualify.) **2** ☒ Yes ☐ No
- 3 Were you claimed or will you be claimed as a dependent on someone else's 2005 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2005, you do not qualify.) **3** ☐ Yes ☒ No

## Household Income

- 4 Wisconsin income from line 12 of Form 1A or line 13 of Form 1 (see instructions) **4** **.00**
- 5 If **not filing** a 2005 Wisconsin return, fill in Wisconsin **taxable** income below.
- a Wages **.00** + Interest **.00** + Dividends **.00** = **5 a** **.00**
- b Other taxable income (list type and amount) **5 b** **.00**
- 6 **Nontaxable income not included on line 4 or 5.**
- a Unemployment compensation **6 a** **18000** **.00**
- b Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments **6 b** **.00**
- c Railroad retirement benefits **6 c** **.00**
- d Pensions, annuities, and other retirement plan distributions **6 d** **.00**
- e Contributions to deferred compensation plans (see box 12 of wage statements) **6 e** **.00**
- f Contributions to IRA and SIMPLE plans **6 f** **.00**
- g Interest on United States bonds and notes and state and municipal bonds **6 g** **.00**
- h Child support, maintenance payments, and other support money (court ordered) **6 h** **.00**
- i Wisconsin Works (W2) payments, county relief, kinship care, and other cash public assistance **6 i** **.00**
- 7 a Add lines 4 through 6i **7 a** **18000** **.00**
- b Fill in number of qualifying dependents (do not count yourself or your spouse) **7 b** **.00**
- c Household income. Subtract line 7b from line 7a (if \$24,500 or more, no credit is allowed). **7 c** **.00**

## Taxes and/or Rent

Before completing this section, see instructions for STEP 4.

- 8 Homeowners – Net **2005** property taxes on your homestead, whether paid or not **8** **2600** **.00**
- 9 Renters—Rent from your rent certificate(s), line 13a (or Shared Living Expenses Schedule).
- Heat included (13b of rent certificate is "Yes") **9 a** **.00** x .20 (20%) = **9 b** **.00**
- Heat not included (13b of rent certificate is "No") **9 c** **.00** x .25 (25%) = **9 d** **.00**
- 10 Add lines 8, 9b, and 9d (or enter amount from line 6 of Taxes/Rent Reduction Schedule) **10** **2600** **.00**

## Credit Computation

- 11 Fill in the **smaller** of the amount on line 10 or \$1,450 **11** **1450** **.00**
- 12 Using the amount on line 7c, fill in the appropriate amount from **Table A** (page 13) **12** **0** **.00**
- 13 Subtract line 12 from line 11 (if line 12 is more than line 11, fill in 0; no credit is allowable) **13** **1450** **.00**
- 14 Homestead credit—Using the amount on line 13, fill in the credit from **Table B** (page 14) **14** **916** **.00**

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Claimant's signature, date \_\_\_\_\_ Spouse's signature \_\_\_\_\_

Sign Here

I-015

Mail to:

Wisconsin Department of Revenue  
PO Box 34  
Madison, WI 53786-0001



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